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PTO/SB/81 (01-06)

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Application Number	10/790445
Filing Date	03/02/2004
First Named Inventor	LINDA Phillips
Title	Hood Relief System
Art Unit	3753
Examiner Name	CHAMBERS A(MICHAEL) M
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number
Joseph Farzam	47282

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	LINDA Phillips		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Linda Phillips</i>	Date	7/11/06
Name	LINDA Phillips	Telephone	(310) 428-5536
Title and Company	SELF		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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